Indiana Division of Disability and Rehabilitative Services
Bureau of Quality Improvement Services (BQIS)

Re-Approval Assessment

Provider Name:
Data Assessed For The Period Of:
Assessment Due Date:

Provider Street Address:
City, State, Zip:
Provider Mailing Address:
City, State, Zip:

Date Submitted to BQIS:	Click here to enter a date.
Completed by (name):	Click here to enter text.
Title:	Click here to enter text.
Telephone Number:	Click here to enter text.
Email Address:	Click here to enter text.
Name of Chief Executive Officer:	Click here to enter text.
Email Address:	Click here to enter text.

Please indicate any changes to the above listed provider name and/or addresses

Provider Name:	Click here to enter text.
Provider Street Address:	Click here to enter text.
City, State, Zip:	Click here to enter text.
Provider Mailing Address:	Click here to enter text.
City, State, Zip:	Click here to enter text.

BQIS Provider Re-Approval Process Contact:

Shelly Thomas
Division of Disability and Rehabilitative Services
Indiana Family and Social Services Administration
402 W. Washington Street, Room 453
Indianapolis, IN 46204
317-234-2764 Shelly.Thomas@fssa.in.gov

PROVIDER RE-APPROVAL

The provider re-approval process is designed to validate that a provider maintains policies, procedures and systems that ensure the needs of consumers are met according to Individualized Support Plans, Behavioral Support Plans and service plans. Providers must substantiate that their systems (i.e., policies, procedures, protocols, staff training, etc.), are designed to address quality improvement and all processes are aligned to offer programs with health, safety and welfare at their core. The Bureau of Quality Improvement Services (BQIS) will utilize Provider Review Profile data, completed Re-Approval Assessment, and addendums to develop a recommendation for a Provider Relations re-approval period of 6, 12, or 36 months.

DOCUMENTS

To perform a thorough fact based review, a provider specific report has been developed. This report is titled the **Provider Review Profile (PRP)**. Once the provider has reviewed and analyzed its PRP, the provider then completes the **Re-Approval Assessment** document.

PROVIDER REVIEW PROFILE (PRP)

The PRP is a data driven report that allows the provider to assess its organization's data, as measured against a benchmark of relatively similar (e.g. client count and Algo levels) providers. Analyzing this data is pivotal in reviewing the provider's performance.

The PRP is structured to provide data in multiple categories (risk areas). For each of the risk areas, the provider assesses the reason for being out of expected range (above or below), analyzes how successes can be replicated and what can be done to address a policy, procedure or training when they have proven to be ineffective or inadequate. The results of this analysis are documented on the Re-Approval Assessment form. For the re-approval process, providers should consider how their respective PRP data is reflective of quantitative and qualitative data: quantitative numbers are indicative of measureable facts, but the qualitative data is suggestive of what methods your agency uses, and whether or not they are working to deliver outcomes your organization expects.

Tips: When documenting the reasons for the variation from the norm, being above or below the expected range, consider issues such as individual-specific data that may be affecting your rates (e.g., repeat incidents attributed to a few consumers). Detail if there is evidence to suggest data is trending in the right direction (i.e., showing improvement).

RE-APPROVAL ASSESSMENT

The Re-Approval Assessment is formatted to identify areas of improvement and encourage data analysis. There are six sections. The first four sections are directly tied to the PRP data. Once the data has been analyzed, the provider is asked a series of questions, by category, to assess how performance in these categories is monitored and how service level improvements are made based on the data. The fifth and sixth sections of the Re-Approval Assessment are focused on the broader subject of providing quality care and services. Documenting how the organization will implement change and what cultural shifts are required are important components in these final two sections.

DOCUMENT SUBMISSION

The Re-Approval Assessment, with all sections completed by the provider, is due on or before the date noted on the cover page of this document. The completed Re-Approval Assessment must be submitted to BQIS at BQISReporting@fssa.in.gov. When submitting this document, the provider may also attach to the email (as separate documents) copies of training programs, forms or any other documents that will aid in the review of the provider's systems and processes. Once this assessment has been reviewed by the BQIS team, BQIS may request a telephone conference or in-person meeting for the purpose of clarifying information the provider submitted and/or for discussion on improvement plans. *Note: Failure to submit a written Re-Approval Assessment plan may result in the provider receiving a shorter re-approval term.*

[%]% of the Risk Categories in the Expected Range

Client Count =[Client Count] Algo = [Algo] Behavioral Factor = [BF] Health Factor = [HF]

Data Analysis

Section I - PRP Complaints and Incidents Data*

Category	Below the expected range	Above the expected range
Risk Area – low/mod/high/critical risk		
Risk Area – low/mod/high/critical risk		
Risk Area – low/mod/high/critical risk		

[Provider's new to the re-approval process will have CERT data indicated in this section]*

Provider Analysis - Complaints and Incidents Data (Note: behavioral and medical are detailed in a separate section)

1) ***For the risk areas shown, confirm the data is accurate and describe why the data indicates your organization was above or below the expected range compared to your peer organizations. If necessary, provide specific details to explain the rates.*** Click here to enter text.

2) ***Provide information regarding the activities your organization has implemented to prevent incidents from occurring***. Click here to enter text.

3) ***Detail how services are being provided according to the consumers' support, behavior and risk plans***. Click here to enter text.

4) ***Detail the training that is provided to staff regarding incident. How are new employees trained and what programs exist for re-training and refresher training. How are training records maintained?*** Click here to enter text.

5) ***Who in your organization is directly responsible for collecting data on complaints and incidents (name a title) and how is information regarding incidents disseminated to the staff***. Click here to enter text.

6) ***What is the policy and procedure that is followed when investigating incident reports and what is the internal protocol for follow-up on reports of incidents?*** Click here to enter text.

7) ***What are your policies, procedures and training protocol when a concern is expressed regarding an individual enrolled in your services?*** Click here to enter text.

8) ***If this Re-Approval Assessment includes CERT* data [providers new to the re-approval process], describe your process for ensuring the procedures implemented to correct the identified issues in the CERT continue to be effective. Type N/A if not applicable to your assessment.*** Click here to enter text.

Section II - PRP Incident Processing and Abuse/Neglect/Exploitation Data

Category	Below the expected range	Above the expected range
Risk Area – low/mod/high/critical risk		
Risk Area – low/mod/high/critical risk		
Risk Area – low/mod/high/critical risk		

Provider Analysis - Incident Processing and Abuse/Neglect/Exploitation Data (Note: behavioral and medical are detailed in a separate section)

1) ***Review your incident report processing. For the risk areas shown, confirm the data is accurate and describe why the data indicates your organization was above or below the expected range as compared to your peer organizations***. Click here to enter text.

2) ***Provide details of how your incident reporting processes have been improved to reduce the frequency of late reports***. Click here to enter text.

3) ***How do your staff members know what is a reportable incident? How are staff members trained regarding incident reporting?*** Click here to enter text.

4) ***Review your rate of Abuse/Neglect/Exploitation by staff. Confirm the data is accurate and describe why the data indicates your organization had above or below the expected range than your peer organizations***. Click here to enter text.

5) ***Detail how staff allegations of Abuse/Neglect/Exploitation are addressed, including the specific procedures that are followed***. Click here to enter text.

6) ***Detail the training that is provided to staff regarding abuse, neglect and exploitation. Include specifics on frequency of training and how training records are maintained***. Click here to enter text.

Section III - PRP Behavioral Data

Category	Below the expected range	Above the expected range
Risk Area – low/mod/high/critical risk		
Risk Area – low/mod/high/critical risk		
Risk Area – low/mod/high/critical risk		

Provider Analysis - Behavioral Data

1) ***For the risk areas shown, confirm the data is accurate and describe why the data indicates your organization had above or below the expected range as compared to your peer organizations***. Click here to enter text.

2) ***Provide specific details of the activities your organization uses to prevent and/or address behavioral risks***. Click here to enter text.

3) ***In addition to the training that is provided by the Behavioral Clinician, what training is offered to the staff on behavior management? What training is required?*** Click here to enter text.

4) ***Describe the behavior management staff training schedule, including new hire training, annual training and behavior specific educational sessions***. Click here to enter text.

5) ***How does your organization ensure staff understands what prohibited interventions are? Explain your organization's protocols for ensuring prohibited interventions are not utilized. If your data indicates the use of a prohibited intervention, describe the process failure and the steps that have been taken to eliminate future occurrences***. Click here to enter text.

6) ***Provide a narrative of a successful outcome following a behavior intervention***. Click here to enter text.

Section IV - PRP Medication and Medical Data

Category	Below the expected range	Above the expected range
Risk Area – low/mod/high/critical risk		
Risk Area – low/mod/high/critical risk		
Risk Area – low/mod/high/critical risk		

Provider Analysis - Medication and Medical Incidents

1) ***For risk areas shown, confirm the data is accurate and describe why the data indicates your organization was above or below the expected range as compared to your peer organizatio***ns. Click here to enter text.

2) ***Provide specific details of the activities your organization uses to analyze medication errors.*** Click here to enter text.

3) ***How are recommendations developed and documented to reduce the risk of future medication errors?*** Click here to enter text.

4) ***What is the process for reviewing the recommendations and gauging their effectiveness in reducing medication errors***? Click here to enter text.

5) ***How is staff trained on the administration of medication?*** Click here to enter text.

6) ***How is the staff competency measured in the administration of medication? How is staff competency and skill level monitored on a consistent and on-going basis?*** Click here to enter text.

7) ***Describe how risk plans are developed, implemented and revised to ensure risk is minimized. Include how staff is trained to limit risks for consumers***. Click here to enter text.

Quality Assurance / Quality Improvement Review

The provider data analysis and question section is completed. The following two sections, *Service Delivery and Consumer Support* and *Remediation Plans/Plans for Improvement* are focused on detailing the organizations response to the consumer needs and how services are assessed and improved.

Section V - Service Delivery & Consumer Supports

1) ***How does your organization capture data, track compliance and monitor internal corrective actions? Provide specifics on systems, programs and guidelines that are established to ensure the proper level of service delivery and consumer support.*** Click here to enter text.

2) ***How does your organization know if specific processes and/or policies are effective and are working as needed? If a policy, protocol or process is identified as not working properly, what steps are taken to correct the problem?*** Click here to enter text.

3) ***Detail specifics on the steps your organization takes to ensure Individual Service Plans and Behavioral Support Plans are implemented and followed as designed.*** Click here to enter text.

4) ***Describe your organization's current protocol to address and respond to changes in a consumer's needs. Include details on change identification, plan changes, training, risk mitigation, management oversight.*** Click here to enter text.

5) ***Although training has been addressed in each data analysis section, please provide specifics on new employee orientation, training schedules and subjects covered. (Note: attach a copy of the training program if available).*** Click here to enter text.

Quality Assurance / Quality Improvement Review (cont.)

Section VI – Improvement Plan

1) ***What new policies, procedures, protocols and systems have been implemented to support better quality and consumer outcomes?*** Click here to enter text.

2) ***How does your agency assess the effectiveness of new policies, procedures, protocols, and systems that have been introduced and how are outcomes for the consumer measured?*** Click here to enter text.

3) ***Based on your analysis of the data used in the re-approval process, what changes will be made within the next 6-months to facilitate improvement in the organization's systems, policies and procedures? Please detail who in your organization will implement the change(s), the timetable of the change(s) and how the changes will be evaluated for effectiveness?*** Click here to enter text.